

# MAILBOX DAMAGE FORM

Date Reported:\_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Street, No.

\_\_\_\_\_  
Town

\_\_\_\_\_  
Phone

Date of Incident:\_\_\_\_\_

Post\_\_\_\_\_

Mailbox\_\_\_\_\_

DENIED\_\_\_\_\_

REASON\_\_\_\_\_

\_\_\_\_\_

Approval of Director of Public Works\_\_\_\_\_

Leonard Norton

Date\_\_\_\_\_

\_\_\_\_\_  
Date Receipt received\_\_\_\_\_

## Amount of Payment

\$20.00 Post (maximum amt.) \$\_\_\_\_\_

\$15.00 Mailbox (maximum amt.) \$\_\_\_\_\_

TOTAL (to be paid) \$\_\_\_\_\_

Approved for Payment\_\_\_\_\_

Account #1005-910300-58340